

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							10/597445					
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1						51						
2						52						
3						53						
4			1			54						
5			1			55						
6			1			56						
7						57						
8						58						
9						59						
10						60						
11			1			61						
12			1			62						
13			2			63						
14			1			64						
15			1			65						
16			1			66						
17						67						
18						68						
19						69						
20						70						
21						71						
22						72						
23						73						
24						74						
25						75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.			5									
TOTAL DEP.			16									
TOTAL CLAIMS			21									